

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000115192		
1. Entity Name OLLIE MAE INC		
Principal Place of Business 4509 ZONKER CT TALLAHASSEE, FL 32303 US	Mailing Address 4509 ZONKER CT TALLAHASSEE, FL 32303 US	

FILED

09 JAN 27 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>240 Spinkberry Blvd</i>		01272009	REIN-P	CR2E098 (1/07)
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State <i>Quincy FL</i>		4. FEI Number 13-4353444		
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
		<i>32351</i>				

6. Name and Address of Current Registered Agent GRIFFIN, NYERERE 4509 ZONKER CT TALLAHASSEE, FL 32303		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>240 Spinkberry Blvd</i> City <i>Quincy FL</i> <i>32351</i>	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Nyere Griffin*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRIFFIN, NYERERE 4509 ZONKER CT TALLAHASSEE, FL 32303 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRIFFIN, JIMMIE 4509 ZONKER CT TALLAHASSEE, FL 32303 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition <i>500142168785</i> <i>01/27/09--01016--019 **300.00</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRIFFIN, ROOSEVELT 4509 ZONKER CT TALLAHASSEE, FL 32303 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT <i>08-09</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Nyere Griffin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DEC 27 2008